

Notification of Underground Storage Tanks Montana Department of Environmental Quality		STATE USE ONLY	
INSTRUCTIONS Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than five tanks are owned at this location, staple continuation sheets to the form.		Fac ID #: a. Date Entered into Computer: b. Data Entry Clerk Initials:	
Type of Notification <input type="checkbox"/> New Notification <input type="checkbox"/> Amended <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Number of Tanks <input type="checkbox"/> # of continuation sheets attached			
GENERAL INFORMATION			
<p>Notification is required by Federal and State law for all underground tanks that have been used to store regulated substances since January 1, 1974, and that are in the ground as of May 8, 1986, or that are bought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended, and by Title 17, Chapter 56, Subchapter 9, Administrative Rules of Montana (ARM).</p> <p>The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief or recollection.</p> <p>Who Must Notify? Section 9002 of RCRA, as amended, and Title 17, Chapter 56, Subchapter 9, ARM require that, unless exempted, owners of underground storage tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks.</p> <p>Owner means-</p> <p>a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for storage, use, or dispensing of regulated substances, and</p> <p>b) in the case of any underground storage tank in use before November 8, 1984 or brought into use on that date, any person who owned such tank immediately before discontinuation of its use.</p> <p>An UST, which is in the ground and not properly closed is deemed to be in use and is subject to notification requirements.</p> <p>An owner of an underground storage tank system must amend the facility's current notification form whenever the facility has undergone any change, which results in a change to the facility information or status.</p> <p>What tanks are included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances", and (2) whose volume is 10% or more beneath the ground and (3) aboveground tanks with underground piping. Some examples are underground tanks storing 1. gasoline, used oil, heating oil or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.</p>		<p>What Tanks Are Excluded?</p> <ol style="list-style-type: none"> septic tanks pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws; surface impoundments, pits, ponds or lagoons; storm water or waste water collection systems; flow through process tanks; liquid traps or associated gathering lines directly related to oil or gas production and gathering operations; storage tanks situated in an underground area, such as a basement, cellar, mine, drift, shaft, or tunnel, if the storage tank is situated upon or above the surface of the floor; Underground tanks and underground piping attached to aboveground tanks of 1,100 gallons or less located at a farm or private residence and storing "noncommercial" motor fuel or heating oil if the tanks was installed before April 27, 1995. <p>"Noncommercial" means not used in the operation of a business other than the production of agricultural commodities.</p> <p>What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1989 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof, which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute.)</p> <p>When To Notify?</p> <ol style="list-style-type: none"> Owners of underground storage tanks and piping that were in use May 8, 1986, or which were taken out of operation after January 1, 1974, but which were still in the ground on May 8, 1986, were required to notify on or before May 8, 1986. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days after bringing the tanks into use. Any amendment to facility information or status, including change in ownership must be notified immediately. 	
<p>Where to notify? Send completed forms to:</p> <p style="text-align: center;"> Underground Storage Tank Section Montana Department of Environmental Quality PO Box 200901 Helena MT 59620-0901 Phone: 406-444-5300 Fax: 406-444-1374 </p>			
<p>Penalties: Any owner who fails to notify or submits false information is subject to a civil penalty of up to \$10,000.00 per violation per day for each tank for which notification is not given or for which false information is submitted. Criminal penalties may also apply.</p>			
I. Ownership of Tanks		II. Location of Tanks	
Owner Name(Corporation, Individual, Public Agency, or Other Entity)		Facility Name or Company Site Identifier, as applicable	
Mailing Address		Street Address or Physical Location (PO BOX NOT ACCEPTABLE)	
City	State	City	State
Zip		Zip	
Phone Number	Fax Number	Phone Number	Fax Number

III. TYPE OF OWNER		IV. INDIAN LANDS	
<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Local Government	<input type="checkbox"/> Commercial <input type="checkbox"/> Farmer/ Rancher <input type="checkbox"/> Residential	Tanks are located on land within an Indian Reservation or on other trust lands. <input type="checkbox"/> Tanks are owned by native American nation, tribe or individual. <input type="checkbox"/>	Tribe or Nation:
V. TYPE OF FACILITY			
Select the Appropriate Facility Description (check as many as apply)			
<input type="checkbox"/> Gas Station <input type="checkbox"/> Bulk Plant <input type="checkbox"/> Petroleum Distributor <input type="checkbox"/> Air Taxi (Airline) <input type="checkbox"/> Aircraft Owner <input type="checkbox"/> Auto Dealership <input type="checkbox"/> Church	<input type="checkbox"/> Railroad <input type="checkbox"/> Federal Non-Military <input type="checkbox"/> Federal - Military <input type="checkbox"/> Industrial <input type="checkbox"/> Contractor <input type="checkbox"/> School <input type="checkbox"/> Medical	<input type="checkbox"/> Trucking/Transport <input type="checkbox"/> Utilities <input type="checkbox"/> Residential <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Emergency Generator <input type="checkbox"/> Other (explain)	
VI. CONTACT PERSON IN CHARGE OF TANKS			
Name	Job Title	Address	Phone Number (Include Area Code)
VII. FINANCIAL RESPONSIBILITY			
I have met the financial responsibility requirements in accordance with 40 CFR 280, Subpart H and Title 17, Chapter 56, Subchapter 8, Administrative Rules of Montana (ARM)			(If yes, please initial)
Check All that Apply			
<input type="checkbox"/> Self Insurance <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Guarantee <input type="checkbox"/> Surety Bond <input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Montana Petroleum Tank Release Cleanup Fund <input type="checkbox"/> Trust Fund <input type="checkbox"/> Other Method Allowed (Specify)	
VIII. CERTIFICATION (Read and sign after completing all sections)			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.			
Name and official title of owner or owner's authorized representative (Please print)	Signature	Date Signed	
EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Chief Information Policy Branch PM-223, US Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.			

Facility Name:				Facility ID#:						
IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS (Complete for each tank at this location)										
State ID (STATE USE)										
Tag Number										
Tank ID Number										
1.STATUS OF TANK (mark only one)										
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Permanently Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Amendment of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2. DATE OF INSTALLATION (mo/year)	/	/	/	/	/	/				
3. ESTIMATED TOTAL CAPACITY (gal)										
4. TANK MATERIAL (Mark all that apply)										
Aboveground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Epoxy Coated Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Multi-compartment tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other, Please specify										
Has tank been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5. PIPING MATERIAL (Mark all that apply)										
	Product	Vent	Product	Vent	Product	Vent	Product	Vent	Product	Vent
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UL Listed Flex Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trench Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify										

Facility Name:				Facility ID#:	
State ID (STATE USE)					
Tag Number					
Tank ID Number					
6.PIPING(Type)(Mark all that apply)					
Suction: no valve at tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction: valve at tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. SUBSTANCE CURRENTLY OR LAST STORED IN GREATEST QUANTITY BY VOLUME.					
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance CERCLA name and/or CAS Number					
Mixture of Substances Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X. TANKS OUT OF USE, OR CHANGE IN SERVICE					
-FOR STATE USE ONLY-					
1. Tank Closure					
a. removed or closed in place (mo/day/year)					
b. change in service					
2. Date Site Assessment Completed					
3. Evidence of a Leak Detected					
Comments:					
Location:					
Initials of reviewer/date					